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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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AND THE CALIFORNIA MEDICAL JOURNAL.

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O. C. WELBOURN, A. M., M. D., Editor

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DEVELOPMENT AND WELFARE OF ECLECTIC MEDICINE ON THE PACIFIC COAST

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Better than any other agent, it controls the nasal discharge, allays the congestion of the mucous membrane, and reduces the swelling of the turbinal tissue. It tends to restore natural breathing, abates the desire to sneeze, and in general induces comfort.

Solution Adrenalin Chloride

Adrenalin Chloride, 1 part; physiological salt solution (with 0.5% Chloretone), 1000 parts.

Dilute with four to five times its volume of physiological salt solution and spray into the nares and pharynx. (Ounce glass-stoppered bottles.)

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A small quantity (about the size of a pea) is applied three or four times a day, the patient snuffing it well into the nostrils.

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When and Where Employed.—It is used in the season of fruit and vegetable fermentation ailments. No other remedy has such universal endorsement of physicians who have employed it in the treatment of both children and adults.

(For the History and Evolution of Glyconda, under the auspices of the New York Specific Medication Club, see page 5, Lloyd Brothers' Drug Treatise, No. XXV.)

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1911

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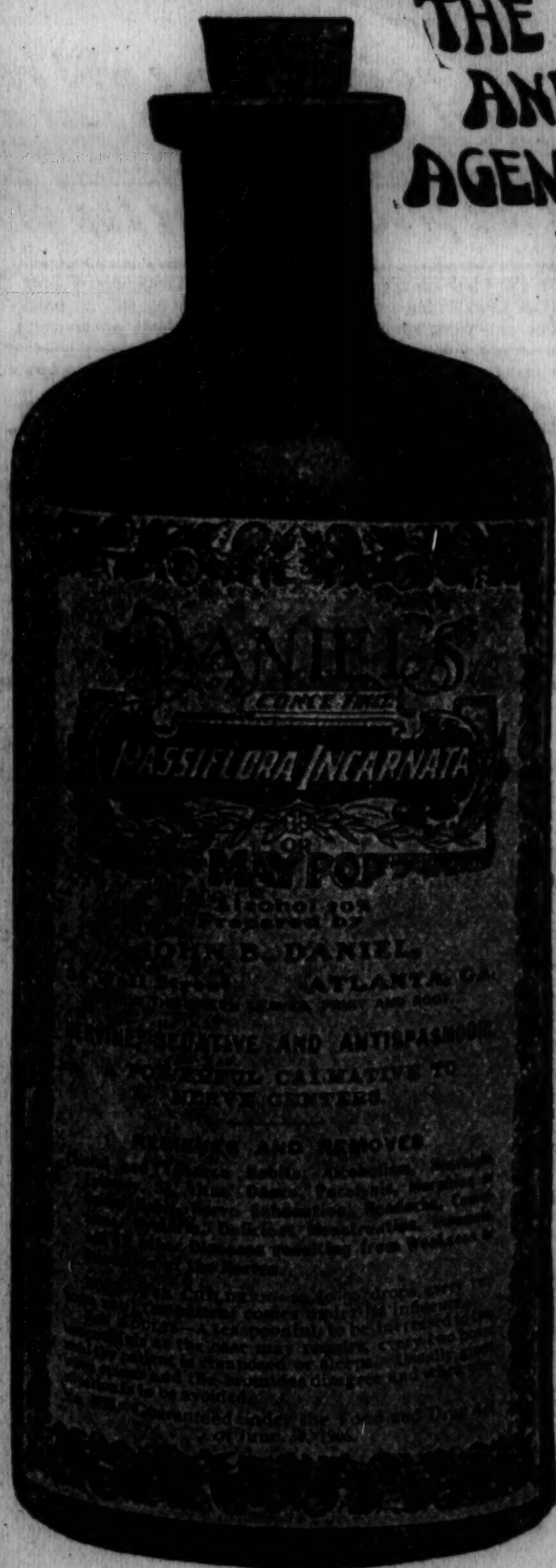
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In accomplishing effectual analgesia, however, the painstaking practitioner will at the same time always aim to cause the least possible embarrassment to physiologic processes. Of all anodynes, therefore,

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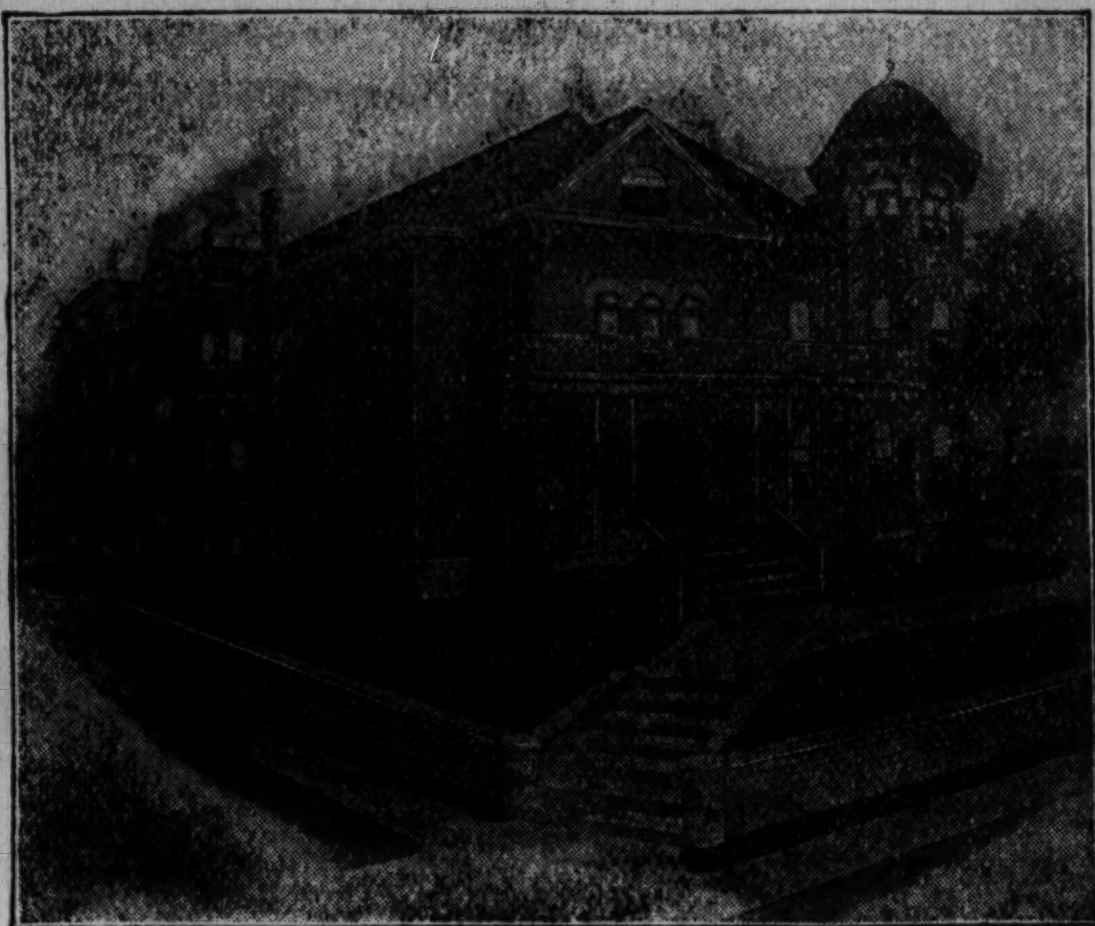
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The various Eclectic publishers have decided to offer special club rates to March 1, 1909. If you are not familiar with any of these journals, a sample copy can be obtained on request.

Journals	Price	Club Rate
Amer. Med. Jour., 5255 Page Ave., St. Louis, Co.---	\$1.00	\$.85
Cal. Ec. Med. Jour., 818 Security Bldg, Los Angeles	1.00	1.00
Eclectic Med. Gleaner, 224 Court St., Cinti, O.----	1.25	1.00
Eclectic Med. Journal, 1009 Plum St., Cinti., O.----	1.75	1.50
Eclectic Review, 140 W. 71st St., New York, N. Y.--	1.00	.85
Ellingwood's Therapist, 100 State St., Chicago--	1.00	.85
National E. M. Quarterly, 630 W. 6th, Cinti., O.----	1.00	1.00
Therapist, 703 Wash. St., Dorchester Dist., Boston -----	1.00	.85

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The remedial action of Salvitae in dental disorders of constitutional origin is, of course, augmented by the conjunctive employment of a local agent capable of effecting oral prophylaxis.

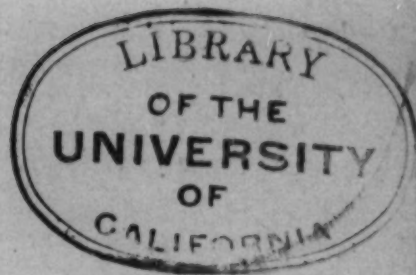
Destruction of pathogenic micro-organisms, prevention of fermentative processes, stimulation of peridental structures and maintenance of oral prophylaxis is best accomplished by the use of

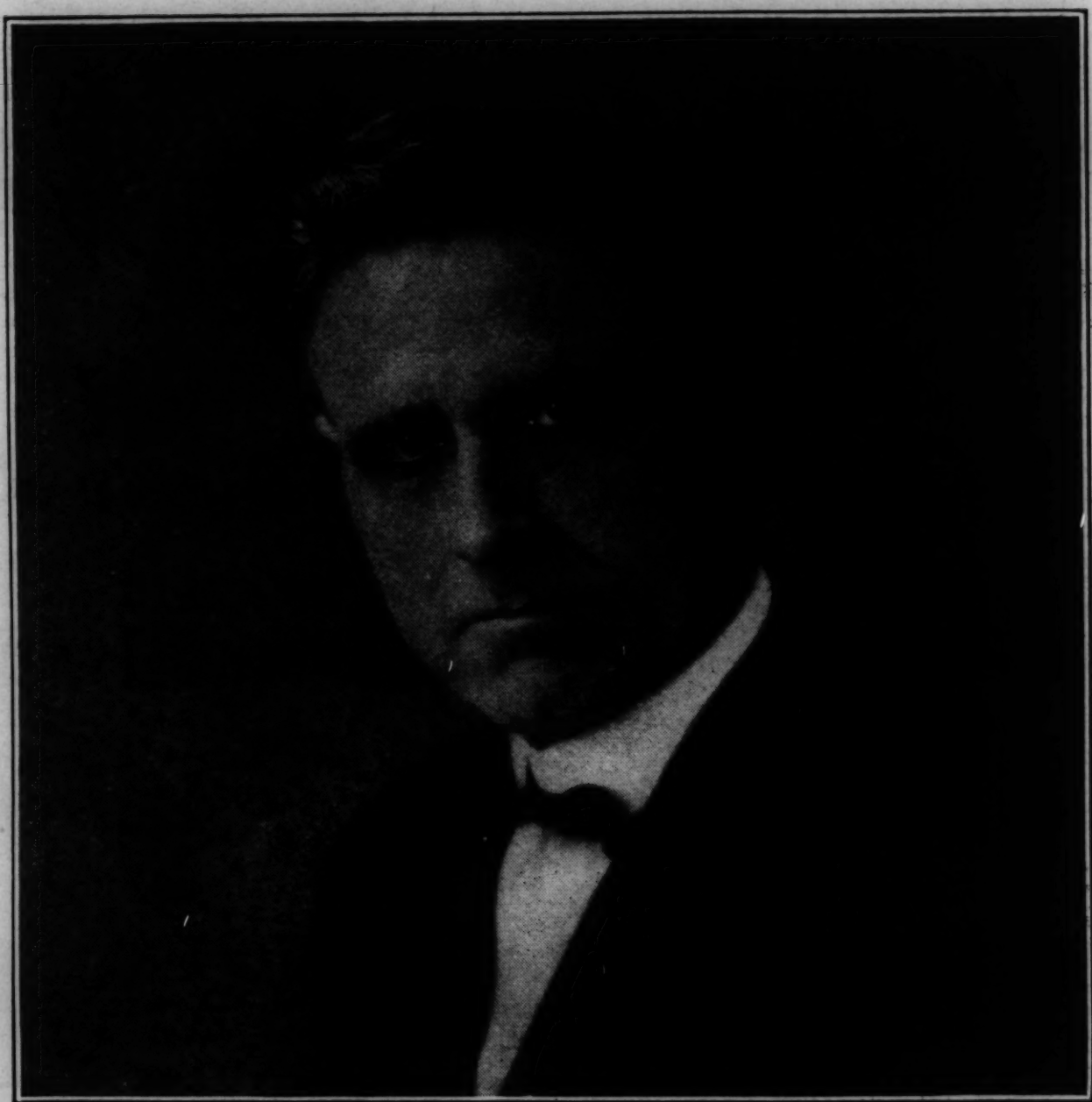
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A. F STEPHENS, M. D

The California Eclectic Medical Journal

Vol. IV

AUGUST 1911

NO. 8

Original Contributions

STAMPING OUT TUBERCULOSIS.

Ovid S. Laws, M. D., Los Angeles, Cal.

Read before the Southern California Eclectic Medical Association.

"All the world is a stage and all the inhabitants are actors." These words are credited to the "Bard of Avon," and as usual he spoke correctly.

Whether this stamping out business comes under the head of tragedy, comedy or farce, it is a little difficult to tell, but I suspect they are played by turns. The chief actors in these performances are the political leaders in the "Doctors' Trust," known as the American Medical Association, or a clique thereof. Whether microbes were included in the primitive creation or not I do not know, but I think they were, as there is no proof to the contrary. Hence it seems decidedly farcical for a lot of actors to try such a thing as stamping them out. The bacillus tuberculosis has evidently been here as long as man has, and will surely stay as long as man stays. Stamping out one of Nature's products that was put here, doubtless for a good purpose, is decidedly farcical. About as well talk of stamping out the dust of the earth.

Whereunto then shall we liken these political doctors who are dominating and disgracing the American Medical Association? They remind us of a joint stock company of highwaymen, who bob up singly or in small bands, and occasionally in great numbers to frighten the people so as to rob them without resistance. Their strong point is to make the people feel thankful to be only robbed and not imprisoned.

While pretending to stamp out tuberculosis they are stamping in a microbe that is not yet visible, but more harmful than the other. But as that draws the crowd and adds to their income immensely, they fan it to the four winds in every possible way. Bacillus Formidatus is the classical name—the microbe of terror. A mild form is the bacillus metus, or the microbe of fear.

In old Kentucky they have established an annual Tuberculosis day. This year it was on the 30th day of April, and the whole state is the stage. Two hundred preachers are to preach in two hundred churches, to 200,000 people on "TUBERCULOSIS." "They want that many to be thinking about it at the same time." The doctors will be sitting in the pews and make catspaw actors of the preachers. Of course the doctor furnishes the outline of the sermon with big scare heads to frighten the people. This will be the biggest stage performance of the kind on record and may prove highly tragical. For, in every congregation will be some sensitive souls who will imagine they are the victims of tuberculosis, and we may expect the 20,000 already reported in the state, to be doubled by the bacillus metus—microbe of fear—before the next annual performance. The above facts and figures were obtained from a report of the secretary of the State Medical Society of Kentucky. Whether those preachers will allow themselves to be the innocent tools for scaring the people into a political trap remains to be seen. Every state is now being besieged by this Medical oligarchy, whose seat of power is in Chicago. By an act of state federation they manipulate every move made. The avowed purpose is to get legislation to compel the people to submit to their dictation in everything medical, and much more. Hence this farce in Kentucky. But the preachers may have a vision and disappoint the "machine."

Professor Frank Lydston, of Chicago University, who is a member of the A. M. A., calls this clique of political doctors an oligarchy, despotic machine, and such like. Surely we will be excused, then, for using the same terms and seeing through all their hypocritical attempts at stamping out things. Greediness for money and power stands out in every move on the stage. Only a few days ago we had a fine comedy by one actor. Suddenly the curtain went up, and Dr. Flexnor, of the Rockefeller institute, rushed to the front and shouted that, "In six months he would be able to cure infantile paralysis." He "had not been able to SEE the microbe yet, but had found how it got into its victim," or something like that. With these mighty and startling words he suddenly left the stage and the curtain fell, not giving his astonished audience time for a single encore. A new serum will come out in about six months to slaughter that invisible microbe. Then up will go the curtain, and Flexnor will give another performance. He is one of the A. M. A. oligarchy, and well he plays his part. He may have seen the footprints, or found the den of that invisible microbe, and will set a trap for it.

This Chicago machine, although a small part of the A. M. A., dominates that body under protest. So we are glad to know that the majority of that great body are respectable citizens and have a respect for the people's rights. Both kinds are here in California, and fortunately we have a divine rule by which we may know them. The Great Teacher, in speaking about wolves coming in sheeps' clothing, said, "By their fruits ye shall know them." Now let us look at the machine stage-work in our own state legislature. In the first act last fall a lot of doctors got into our primary elections and were finally elected to the state legislature. Every one showed on the stage at Sacramento, so far as I have been able to learn, that he was working to fasten a tentacle of that monster Chicago octopus upon California.

I got a copy of Assembly Bill 964, by Dr. Cattell. A close study of that bill quickly gives the actor away. It would simply set up a despotism similar to the Spanish inquisition, and will end that actor's political life. I shall preserve my copy for future reference and finally for the museum! It pretends to be in the interest of the public schools. It talks of health and development, but by the time you get through you see a \$4,000 00 tyrant, called a doctor of course, enthroned somewhere in the state, with strings all over the state, capable of setting up or pulling down whatever the machine wants set up or pulled down. The keynote of this whole machine business is **compulsion**. Fine or imprisonment, or both, for any violation of their silly edicts. But back of the stage where Dr. Cattell played his part you see an army of these "machine" doctors who expected to get on the pay roll of the state. Church and state over again, or at least the same despotic spirit.

Fortunately we had the spirit of insurgency and medical freedom abroad in our state this year, and the cloven foot in these "machine bills" was readily discovered, which would have enslaved our schools, corrupted our teachers and doubled our taxes in a few years.

Send no more doctors to the state legislature to draw salaries while working to plant a political cancer on the fair bosom of our state. Keep them out of Congress, also, by all means.

Stamping out tuberculosis is an old story out here, so the stage acting was turned to demoralize our public schools. Why is it that these machine fellows, who **pretend** to be so solicitous for the public health, never mention or attempt to remove the chief cause of tuberculosis? Dissipation opens the way for all kinds of diseases. It lowers the vital forces, and some form of disease is the result. This being the case, as all doctors should

know, why not compel people to avoid dissipation? This is really not so **absurd** as the compulsion usually sought. Make it a misdemeanor to **drink beer**, or any intoxicant, or to use **tobacco**, or to go to the dance halls, theaters or brothels, or to conduct or own such places, and enforce the law to the letter, and you will wipe out the chief causes of lowered vital forces. All people can see that this is true, but who would advocate the remedy? No one, of course! Whenever our "machine doctors" advocate the necessity and show how to get rid of the channels of dissipation they may get some credit for sincerity. But they never do this. Fat salaries for invisible benefits are always in the bill when they come on the stage.

Let me say, in closing this outline, that when all the people stop all forms of dissipation, and live pure Christian lives, tuberculosis will soon begin to stamp itself out.

ASTHMA.

Dr. W. L. Huckaby, Winchester, Tex.

Read before the Texas Eclectic Medical Society.

Having had the subject of "Asthma" assigned me, I will submit to you this paper for consideration and discussion. I know that this topic is well worn, both in theory and by practice, and I realize that my experience in treating this disease has been limited compared to that of others. However, I have had a few cases.

I shall not tax your patience nor consume your valuable time in giving the Etiology, Symptomatology, Diagnosis and Prognosis in detail, or quoting authorities at length, but will give a synopsis of all and outline my mode of treatment in as few words as possible.

Asthma is a condition of dyspnea depending upon a spasmodic contraction of the bronchial tubes and bronchioles. Most commonly the disease follows bronchitis in some of its various forms. This disease induces irritability of the terminal filaments of the nerves distributed to the mucous membrane of the bronchial tubes. It is very often produced by reflex action in diseases of the skin, nasal cavities, ear, heart, stomach, bowels, kidneys, genital organs or rectum. It is claimed that the disease is hereditary in about one-half of the cases.

Treatment—in uncomplicated cases:

I have accomplished satisfactory results from the use of SpM Grindelia Robusta in doses of ii to x gtts. frequently repeated.

In simple spasmodic asthma, with complete relief between attacks, lobelia or gelseminum, according to indications, an-

swer a better purpose. When cyanosis enters to form a complication, quebraco seems to meet the indications better. I use the fluid extract in doses of xv gtts. xxx gtts. every half hour. In cases arising from reflex causes, we endeavor to remove whatever organic disorder that may be present, no matter where located, after some anti-spasmodics have been prescribed to give present relief. We will now call your attention to a few cases not treated with above remedies. Case 1—a man about 35 years old. I found him suffering with asthmatic breathing, which had not occurred before; tongue full and slightly coated yellow, tissues all full, bowels constipated, a few external pile tumors, which were painning him considerably.

Gave him the following treatment with good results:

Santonine, 1 gr.; Podophylin, 1-6 gr., repeated every hour until bowels moved, then three times a day for three days.

Rx SpM Collinsonia gtts. x

SpM Aesculus Glabra 3 j

Aqua qs 3 iv

Sig.—A teaspoonful four times a day and at bed time.

Rx SpM Echafolta 3 j

Dist. Ext. witch hazel 3 iii

M. Sig. Applied to tumors on cotton 3 times a day.

The Santonine was given in this case for its reputed power in controlling reflex irritation.

Case II—Mrs. B., age 24 years; mother of two children. Found her anaemic, emaciated and nervous, suffering from asthma and dysmenorrhea, which had troubled her at her menstrual periods for several months. There was extreme tenderness on pressure in the left ovarian region and lower part of the spine. Skin dry and harsh, pain in back and thighs, temperature 101 degrees. I immediately had a hot hip bath given and rubbed dry, after which applied Libradol over tender ovary and prescribed the following:

Rx SpM Polygonum.

SpM Macrotys aa 3 j

SpM Pulsatilla 3 ss

SpM Gelsemium 3 iss

Aqua qs 3 iv

Sig.—A teaspoonful every hour until menstrual flow is free.

After second dose she dropped off to sleep, skin was moist and breathing was almost normal. In four hours menses was free and easy, breathing normal.

Six days later I made a visual examination with speculum and found the os uteri and cervix swollen and ulcerated. After

cleansing the parts the os and cervix were painted with tr. iodine. I then directed her to use a vaginal douche of liq. Asepsin in warm water every night and apply Boracic acid and Sp Calendula (which I prepared) on a cotton tampon, placed high up against mouth of womb at night and removed next morning.

Then the following was prescribed:

Rx SpM Tiger Lilly.

SpM Macrotys aa 3 iv

SpM Mitchella

SpM Pulsatilla aa 3ii

Elix. Lac. Pepsin qs 3 viii

Sig.—A teaspoonful every 4 hours during the day.

Rx Howe's Sol. Iron 3 j

Sig.—Take five drops in water 3 times a day before meals.

Continued this treatment for two months, at the end of which time she had gained ten pounds in weight, had a good appetite and had an easy and free menstruation at the proper time. She had no further trouble with the asthma.

Case III—Early one afternoon, while attending a barbecue and picnic, I was called upon to render assistance to a very stout, robust lady about 30 years old, who was suffering from asthma. I had her clothing loosened, under which there was not ample room for her lungs and dinner. Having nothing with me except my hypodermic case, I gave her an injection (in the arm) 1-20 gr. of Apomorphia, which soon relieved her of her barbecue and pie, after which she spent a very pleasant evening.

PNEUMONIA.

J. G. Tomkins, M. D., Oakland, California.

Read before the California Eclectic Medical Society.

Mr. President and Fellows:

There is a belief not limited to any one school of medicine, but shared in by a good percentage of every school of medicine, that Pneumonia is a self-limited disease, and no medication can abort it. To combat error in any of its forms is the duty of every doctor. Theory remains theory until proven by facts; therefore I write this paper expecting it to be thoroughly criticized and corrected if wrong, or strengthened if right. In the first place, if Pneumonia cannot be controlled or even influenced by medication, and the patient will get well or die, as predetermined at the onset of the disease, why is it that a doctor holding that view who was called to such a case, goes, and is as strenuous and persevering as the Optimistic doctor in giving Medicine, hiring trained nurses, observing and direct-

ing Sanitary Conditions, and regulating diet and charging for every visit while tacitly declaring, it cannot be influenced by any effort he may make? Will he answer "to watch for Complications," then I say, if the Original disease, the cause of the complications cannot be influenced by medicine, what strength is there in the slogan, "**Remove the cause.**"

I myself have had four distinct and well defined attacks of Pneumonia, and know I have jugulated two of them; of these I will simply state how they were contracted and controlled, the details to be drawn out in the discussion of this paper, and answers to objections. In the first of these two cases, I was on my way to New York to take a postgraduate course. We were going over the Rio Grande Railroad, and at the elevation of 11,000 feet above sea level, made a stop. I, with others, got off to exercise on the platform, running, jumping, etc. Suddenly, I could not breathe, except by short inspiratory effort; two-thirds of my lungs were closed by congestion of the blood supply. I instantly recognized my heart had been weakened by nerve shock, probably affecting the pneumogastric (Vagus) nerve. If that was the cause what was the remedy? A stimulant sufficiently quick and strong to overcome the weakened nerve force that controlled its circulating powers. I immediately, I might truthfully say, instinctively, went into my section of the train and drank **freely** from the whiskey flask. What was the result? Restored circulation and normal condition. I probably drank more whiskey in that one drink than I have ever drank in any one year of my life, and yet, it produced no **abnormal** condition, but I also believe had I have hesitated five minutes the congestion could not have been thus overcome, and would have developed into a case of Pneumonia.

Case No. 2.

I was at Santa Cruz, California, on a vacation. I was very fond of diving through the breakers and swimming. One morning, feeling in splendid health and vigor, I went into the water for a swim. In about ten minutes after entering the water, I felt a nerve shock in my lungs. I had had one experience, as related, and concluded that this was from the same cause. I hastened to my dressing room, but had no emergency remedy at hand, and so lost time in clothing myself and going home with my wife. I was soon seized by the initial chill; I would rather describe it as violent rigors, in all parts of my body, after which Hyperaemia set in. I felt burning up, then vomiting. I felt "rocky". I got my medicine case and instructed my wife what to give me, and I think in her nervous

anxiety she gave me good measure, which consisted of a large dose of Spec Med Jaborandi, Spec Med Asclepias Tuberosa, and whiskey in water. During the remainder of the day, and into the night, I took Bryonia, Gelsemium and Veratrum as indicated, in small but frequent doses. I slept well for the remainder of the night, and in the morning, the bed and clothes had to be dried and aired in the sun, but I hired a team and drove to Felton and the "Big trees" over the mountain road. I have never dared to go into the bay since, having confirmed my suspicions in Lurline Salt water baths. Was I mistaken in my diagnoses, or was each a case of uncomplicated Pneumonia jugulated?

In Pneumonia (of which I have attended many cases) the inflammation arising from the congestion of the lungs spreads rapidly from day to day. I say: Combat the congestion and you cut short the disease. There is no doubt the disease is produced by a germ. When the congestion is brought on by a cold or by infection, or when suddenly brought on by nervous shock, if allowed to remain long enough to provide a "culture" for the germ, and in each instance the same results accrue, but in the one case, it is generally well established before a physician is called in, and in the case caused by shock, the patient is unable to account for the initial chill, the feverish condition, the pain in the chest, and maybe cough, and not until the "Culture" has had time to establish the germ in its comfortable quarters is the doctor called in.

I have attended many cases of complicated and uncomplicated Pneumonia, and have never lost a case yet, thanks for the unvarying purity and unerring strength of Lloyd Spec. Med, having used them for more than 20 years, and no druggist can fill my prescription or have my patronage, who does not care to lay in a sufficient stock to meet my wants.

I usually begin my case with Calomel et Soda tablets aa grains ss, one tablet every half hour until eight (8) are taken, then follow with Cit. Magnesia q. s. and then treat the case according to age, temperament and indications. Those remedies which I have already mentioned will do to select from in an uncomplicated case. I never give whiskey or other alcohol unless necessary to give Jaborandi in large doses, and then only to sustain temporarily the heart's action. I prefer it to Quinine, except in any case, which shows periodicity, then in this, or in any other disease, Quinine Sulphate is my standby, giving it one hour before the expected periodicity in 3 to 5 grain doses as required.

I had one case of Typhoid complicated with Pneumonia,

in which I had to deal with Malaria first, the patient having lived in Stockton, and was brought to San Francisco for my care, in almost a moribund condition. After a thorough examination and diagnosis, I gave a twenty (20) grain initial dose of Quinine Sulphate. I had but little trouble with the Typhoid or Pneumonic conditions, and an uneventful recovery followed.

I may add in conclusion that when the convalescence of the patient is delayed by a high temperature which Veratrum or Aconite does not seem to control, give Salfene in 5 grain doses until effect is produced. In convalescing for the first two or three days, the patient requires but little nourishment. After that time milk, beef tea or egg nog.

SURGICAL SUGGESTIONS.

Pulsating bone swellings are almost invariably sarcomata.—American Journal of Surgery.

Do not advise amputation for every case of bone sarcoma—the results of resection are about as good and not nearly so mutilating.—American Journal of Surgery.

The administration of thyroid extract in a case of delayed union after fracture will do no harm and may do good.—American Journal of Surgery.

The exhibition of the x-rays or the Finsen light seems to be the best treatment for post-operative keloids.—American Journal of Surgery.

Cicatricial stenosis of the uterus has been the result of too vigorous curettage and of the intra-uterine application of caustics.—American Journal of Surgery.

To avoid troublesome hemorrhage in operations for tuberculosis glands of the neck first expose the internal jugular vein.—American Journal of Surgery.

An apparently superficial tumor of the chest wall may be an intrathoracic growth that has reached the surface; an x-ray picture is indicated in any such tumor before its attempted removal.—American Journal of Surgery.

By constipating the patient, a high-seated rectal carcinoma may be pushed down within reach of the examining finger in the rectum. A small enema may balloon such a tumor within reach of abdominal palpation.—American Journal of Surgery.

Preparatory to and following operations upon the brain or spinal cord hexamethylenamine ("urotropin") should be administered in liberal doses; Crowe has shown that formaldehyde then appears in the cerebrospinal fluid, and thereby minimizes the danger of infection.—American Journal of Surgery.

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OUR NATIONAL MEETING.

The recent annual session of our National meeting was a success in every way. The President, Dr. J. A. Munk, was on hand early to see that everything needful would be available as required. Very little friction developed because there was a can of oil always ready for just such emergencies. Dr. Munk is strong on doing things in time and certainly it may be said in this instance that "a drop in time saves nine." Many old timers said that it was the most harmonious meeting that they ever attended and they were audibly and constantly praising the President for such a happy state of affairs. The evening meeting, designed to educate the laity in things Eclectic, drew a good crowd and some there be who would like to see the innovation repeated.

The entertainment of the visitors by the local members was most enjoyable. Altogether it was a most successful meeting and the Eclectics of the Pacific Coast are quite proud that it was under the management of one of their number.

The officers for the coming term are:—

President, A. F. Stephens, M. D., St. Louis.

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We take pleasure in presenting the likeness of the new president in the beginning of this issue.

MEDICAL TEACHING.

What subjects shall be taught in a medical college and the proper amount of time to be devoted to each is a big subject, and it therefore requires a great deal of space for its proper presentation. However, it is a subject of much importance to the entire medical profession as well as to the teachers and students, and should be discussed from time to time. Not that it is expected that a decision shall be reached, but rather that a proper equilibrium may be maintained. While the stability of the Eclectic craft is assured by virtue of the common sense of its members, yet this cannot be said of our friends of the regular persuasion. As our readers well know, certain of their reputed leaders have been teaching medical nihilism with an insistent freedom which has rocked their boat in an alarming manner. At various times indignant protests have appeared in their periodicals, but they apparently have produced but little effect. However, recently their really big men are making appeals calculated to check this "medical madness." One of these is particularly logical, and it is herewith reprinted; though, of course, we do not agree with all that is said. It is written by Prof. H. A. Hare, of Philadelphia, and it is well worth reading notwithstanding its length:

"It is my wish to present certain views upon the somewhat hackneyed subject of medical teaching, and lest my hearers be overcome with the dread of listening to a dry discussion of the number of hours to be devoted to given subjects in a cut-and-dried curriculum, let me hasten to assure them that no such fears need disturb their rest of mind.

The history of the world, whether we study it as to politics, commerce, scientific pursuits, or religion, reveals the fact that its constant progress is nevertheless marked at times by disturbances which produce in the minds of the conservative a firm belief that everything is "going to the dogs," which results, in some instances, in extraordinary progress, which is more apparent than real, and in retrogressions which to the enthusiast are as prophetic of evil as his views have been indicative of calamity to the mind of the conservative. As time goes by both radical and conservative perceive that after all things are better than before, and just as the forces of nature ultimately result in producing a general standard of life, so do the forces I have referred to produce a certain standard of education and learn-

ing which is better than before, in that the radical has forced improvements, although his enthusiastic efforts have been kept within bounds by his more conservative brother who may be fundamentally slow, but who nevertheless exercises a function equivalent to that of the vagus nerve on the heart. In other words, the radical pries his conservative brother out of his rut, and by so doing loses enough of his energy to keep him from rolling the pried one all the way into the gutter. At times the radical succeeds in the last-named effort and the result is disaster; at other times he succeeds only in making the conservative restless and irritable, and the result is beneficial in that he is made to find a new resting-place with better surroundings.

After all this is done, whether it be in politics, in commerce, or in education, the people in general, who have a very real interest at stake, become the beneficiaries of the disturbance and sum up for themselves a fairly accurate estimate of exactly where they stand. It is my belief that we have about reached this phase as to education in the medical school, if not as to preliminary medical education. We have not reached the ultimate goal, of course, and we never will, for the motto **ad astra** must always be with us, but as we climb the mountain of advancement it is well to rest on a ledge, look around us, and get a clear conception not only of what ought to be done, but also what can be done before we proceed.

It will usually be found in every climbing party that those of years and experience hold the younger ones in check, greatly to their annoyance, but often for their ultimate good, and these older ones, not old ones, act in this way not because they are unable to keep up, but because experience has taught them caution and given them ability to perceive conditions invisible to younger eyes. To use the words of the politician, they have "their ears close to the ground." Some of my friends will probably be amused to find me trying to belong to the latter class, but, with your permission, I shall endeavor to put forward certain views, and I shall be guilty of the paradox of forthwith plunging headlong into the subject to which this long preamble has led me.

In other words, what is the duty of the general or average physician? The answer is to put himself before and after graduation in such a way as to feel in his heart that he has used all the ability God has given him, and all the knowledge he can acquire, to care for those who come under his control. The knowledge that he can acquire may be properly divided into two parts: scientific knowledge in the sense of learning in all

those collateral branches of medicine which indirectly bear upon actual practice, and practical knowledge of how to actually care for and treat an individual who is ill. It cannot be denied that all knowledge is of advantage to its possessor, since its existence broadens the intellect and balances judgment. From the theoretical standpoint, and for that matter from the practical standpoint, a man can never know too much, but the question at issue is how much should he know before he attempts to apply what he has got and by applying it gain more, not only more in the sense of greater knowledge that he can learn from others, but more of that priceless form that can be gained solely by experience. This knowledge is universally recognized as of the greatest value not only by medical men themselves but by the laity, which gladly pays more for experience, whether it be in law or medicine, than it does for book learning.

Now the amount of knowledge which should be possessed by a man who wishes to begin the practice of medicine is governed in practical life by several factors: First, he must know enough of the fundamental departments of medical learning to be qualified to perform his practical work. Secondly, his course of training should be such that he knows how to apply this elementary knowledge, and furthermore possesses a training which permits him to actually treat patients. To illustrate my meaning, a man trained to be a first-rate pharmacologist is of no more use at the bedside as a practical physician than a man who has been trained by a Correspondence School is qualified to run an iron furnace or a rail mill. Thirdly, the time in his education when he should begin practice is governed by the time at which he is old enough to begin the study of medicine, and the time when, if he does not put his hand to the pulse, he will be too old to begin as a practitioner. In other words, I think it may be asserted that no man should begin the study of medicine before he is eighteen, and that he should begin practice not later than twenty-five.

This span of seven years is therefore the space in which all his medical knowledge preparatory to practice must be acquired, and the law has decided at present that four of these years must be in a medical school. Furthermore, every one, who knows anything about it, knows that a year should be spent in a hospital, and most of the large hospitals demand a term of eighteen months to two years of their internes, because their experience is that it is impossible for an interne to get good experience and give good service in less time. For example, each of the fourteen internes at the Jefferson College Hospital serves

two years, but has only about two months in each department. Here then is six years out of a possible seven fully utilized, even if the student begins on his eighteenth birthday. Lastly, there is another factor to be considered which is one of economical importance, namely, the cost of unproductive study over a term of six or seven years and the amount that the public are willing and able to pay afterward to compensate for this period of unproductive and costly labor.

This last point is one too often lightly regarded in academic discussions of this subject. However blessed is he who can minister to the sick, it is nevertheless a fact that in this workaday world he must earn the wherewithal to live, and his earning power is based upon his practical ability and the wealth of his patients. The reason so large a number of the profession earn a scanty pittance is not that their labor is not worth more, but that the people they care for have not got more to give. In other words, the unfailing law of supply and demand controls the practice of medicine as it controls all other human efforts. Furthermore, this inexorable law is not productive of evil, it is productive of good, for it eliminates the really unfit, and better still, stimulates the able to increasing effort. Indeed, it may be said that with scarcely an exception every man who has attained eminence in medicine started with such limited financial resources that he can well be said to have started poor.

Again, there is a humane side to be considered. Over very large areas of our country fees cannot be paid for medical attention that is based upon years of study in excess of the six or seven that I have named, yet the people in these areas need good sound medical care, and if they cannot get it for the means at their command will turn to the old woman, the charlatan and the patent medicine bottle. Pray do not misunderstand my meaning. I forcibly deny that I advocate cheap doctors who are only worth their cheap fees. I forcibly insist that the main object of a medical school designed for teaching general practitioners should be the preparing of their students to meet the exigencies of practical work. In other words, I urge that practical teaching be improved or increased before we attempt to increase or improve teaching in so-called scientific branches. At present the teachers of theory are waging a campaign which is endeavoring to supersede the teachers of practice, and are carving, out of a mass of inexperience, hard and fast curricula which do not meet the needs of the man involved.

This endeavor is based upon the erroneous conception that each undergraduate student is destined to become an original investigator of the laboratory type, instead of a general practi-

tioner of the bedside type whose duties are as far removed from original research as are the duties of the astronomer from those of the captain of a transatlantic liner. The first investigates and makes new observations, while the second employs the results of original investigation. He guides thousands of persons to "the haven where they would be" as the result of old investigations and ordinary observations. The astronomer should not waste his time in studying practical navigation, and the ship captain should not, as a rule, attempt to be a great astronomer, but be an observer of the stars for the sake of utility. Each has his function, but the training of one does not fit the other for his task.

If we turn to pharmacology and therapeutics we find that today *materia medica*, as it used to be called, is practically no longer taught. Thirty years ago each of us had to learn that kino was the inspissated juice of the *Pterocarpus marsupium*. In place of such useless material, however, we are informed that the medical man should be a trained pharmacologist before he becomes a practitioner, and that a larger number of hours should be set aside for pharmacology than for practical therapeutic training. Even if this is done, however, the course is inadequate to make a man a pharmacologist of the crudest type, and the experiments performed have no bearing upon many of the chief methods in modern therapy, many of which rest on empiricism. At one of the oldest and best medical schools of the United States during the present year I am informed that no less than 200 dogs have been used in an endeavor to teach students pharmacology, and 20 rabbits had the superior cervical ganglion severed in order that the effect of cocaine on the eye on the two sides might be compared. Of what possible advantage is this to the man that expects to **practice** medicine in any department of his art? The hours so spent are wasted. They are wasted because they give no practical results, because they crowd out opportunities for gaining practical experience, and because they do not develop pharmacologists or original investigators.

A pharmacologist can only become such after months of careful laboratory and post-graduate training, and an original investigator is so rarely met with that it is safe to say that not one is to be found in every 500 men who properly graduate as qualified practitioners.

An original investigator is born, not artificially produced, as the artist is born and not made. Experimentation is the last field in which the young general practitioner has a right to wander. It is his duty to follow beaten paths, not to try new

routes, and for years after he begins his life-work he will find all his time taken up with improving his practical knowledge of well-known paths by study of medical literature and the study of his cases. Furthermore, the type of mind which develops into that of the successful practitioner is not the type that develops into the original investigator. To use the words of President Eliot of Harvard: "Investigators in any science need an unusual perspicacity or clear-sightedness in regard to its theories; they need, each in his own field, a full knowledge of the work already done, and a clear perception of the bearings of the most recent discoveries." Of these essentials to success how many has the ungraduate medical student?

The average general practitioner is not and should not be a laboratory investigator. The practitioner must follow the smooth highway already made safe and sure by the pioneer, and the hosts that have followed him. Yet at the present time the enthusiastic investigator, often possessed of more ambition than ability, to find new light, is endeavoring not only to advocate research for the student, but to form combinations to enforce his views—combinations as oblivious of the views and rights of others as are some of the combinations to which that now opprobrious term "trust" is applied. Bearing the banner labeled "reform" they assert that their proposals are for the betterment of medical men, and more important still, betterment of their patients. Practically without exception these well-intentioned members of our guild, whose actual experience as to practice is nil and whose laboratory experience is rarely in excess of ten years of teaching, attempt to instruct the practical teacher as to what he shall do and demand that hours devoted to practice be devoted to the laboratory. They wish the student to get all his practical training after, not before, he gets his degree, and in an endeavor to make all things fit their so-called scientific views they seek to establish cast-iron curricula which are as far removed from accuracy and practical fact as possible. Thus, one of the greatest pharmacologists of today, in his classifications of remedies places antitoxin and castor oil in the class of "Ferments, Secretions, and Toxalbumins," and another places remedies designed to expel worms under the head of "Intestinal Irritants." Of what practical value is such an arrangement to the man who is called upon to treat diphtheria or a case of tapeworm? Such methods substitute the artificial for the real.

In no department of medicine is this tendency more notable than in Therapeutics, a department in which I have taught more than twenty-five years. It has become a custom in some

instances to place in charge of the chair which bears the title of "Therapeutics" men who are not clinicians, but who pride themselves upon being experimental pharmacologists. Often they have not had any bedside experience to qualify them for the consideration of practical therapeutic problems, and not uncommonly they are physiologists and chemists rather than medical men. Their wish to make therapeutics an exact science is laudable but too Utopian to be attained, for in all time the never-ceasing variations in the body in health and disease will require the art of experience as well as scientific fact.

In this connection I have read with much interest remarks made by Sir Clifford Allbutt, Regius Professor of Physic in the University of Cambridge, before the Therapeutical and Pharmacological Section of the Royal Society of Medicine of London. There is no medical writer who can place facts before his readers with greater charm and accuracy than Sir Clifford, and what he has to say always bears the marks of sound reasoning. He points out that the pharmacologist is one whose attention is concentrated upon a more or less abstract form of thinking about therapeutics instead of that of the practical man of medicine.

Sir Clifford then points out that students entering a pharmacological laboratory, thinking that they are going to obtain therefrom practical maxims or rules which will guide them in their work as physicians, will find themselves disappointed. It is not, in Sir Clifford's opinion, a practical way of developing their resources to lead them to expect immediately practical results from the researches carried out in the laboratory away from the bedside. On the contrary, Sir Clifford believes that the practical man must be, as he always has been, very much in advance of the researcher, and that while pharmacologists have thrown valuable light on some practical methods, most of these methods in themselves were known before the researches were carried out.

It is true that laboratories are necessary and science is essential, but therapeutics is not a science, or not science only, but an applied art, and in his opinion it may be a long time before science will "catch up" and come definitely to our assistance. In the meantime it is essential for the physician to meet the incessant contingencies of clinical experience, and in one sense clinicians are like pioneers or adventurers who must open up unsurveyed districts, breaking their way through the wilds as well as they can, although ultimately the pharmacologist is expected to note the various features of the region and lay out its road. But as Sir Clifford points out, it would have been a

poor thing for geography if adventurers had waited for the cartographers.

A student must not be impressed with the idea that all therapeutic measures are valueless unless they cannot be explained by pharmacology. On the contrary, he should be assured that apart from scientific laws and pharmacological proof he is entering into a great inheritance of empirical knowledge of infinite service, that will often prove of crucial efficiency and not rarely turn death into life. He should be assured that certain facts are the result of clinical experience even if they cannot be scientifically explained.

In other words, to use Sir Clifford's expression, it would seem that "the pharmacologist at the present day should be the follower, not the leader." We should endeavor to make medical students not merely trained men of science, but that which is the end of their being, namely, good clinical therapeutists.

Let me bring forward a few points in support of the view that pharmacology is not as yet sufficiently far advanced to permit us, as clinicians, to depend largely upon it. Clinical therapeutics and pharmacology must, it is true, go hand in hand, but pharmacology is not yet sufficiently complete to enable it to act as a foundation upon which the practical application of all drugs may be built. Unfortunately, some of the pharmacologists, largely because of their lack of clinical experience, have actually had the temerity to adversely criticise measures which long years of experience have proved to be valuable.

Amongst the methods of practice often resorted to by physicians, which the so-called ultra-scientific man attempts to criticise, with, we must admit, some show of reason, is the ancient method of relieving pain and congestion by means of counter-irritation. There can be no doubt that in many instances our knowledge of anatomy would seem to indicate that there is absolutely no direct nervous or circulatory connection between that part of the body to which the counter-irritation is applied and that part in which the supposed lesion or pain exists. But there is much evidence to indicate that there is anastomosis or connection, vascular and nervous, between widely separated portions of the body, and there is also evidence that as yet we know very little concerning these anastomoses of function if not of actual anatomical relationship.

Those who tend to criticise counter-irritation express the belief that application of counter-irritation over the epigastrium, or other portions of the body, cannot be expected to ex-

ercise any material influence upon the abdominal viscera, which, in one sense, have no direct anatomical connection with the abdominal wall, yet it is a well-known clinical fact that in gastric ulcer there not infrequently develops in the skin of the epigastrium a small and well-localized patch of hyperesthesia which is quite characteristic of the deep-seated lesion which exists beneath it. If, therefore, an ulcer of the stomach can produce excessive functional activity in the sensory nerves of the skin of the abdominal wall, it would seem reasonable to suppose that counter-irritation applied to this area may materially influence a deeply seated area. Certain physicians who are regarded as hydrotherapeutic enthusiasts have claimed that the application of cold to the perineum is sometimes effective in the control of pulmonary hemorrhage. We are not prepared to assert that this is true, but the mere fact that there does not seem to be any adequate explanation for it does not prove its incorrectness.

At first sight it would seem improbable that irritation, in one form or another, of the breast would have any direct or indirect influence upon the uterine muscle, yet women who have recently gone through the act of parturition will frequently assert that the application of the infant to the breast at once produces uterine contractions, which in some instances are almost as painful as those which resulted in the expulsion of the child. In connection, too, with the development of areas of tenderness on the surface of the body due to deep-seated lesions, it is interesting to note the statement of Dr. James Mackenzie in the issue of *Heart*, vol. ii, No. 1, in which he points out that he has constantly observed, in some forms of heart failure, that the superficial tissues in certain regions become tender on pressure; and further on, that he found a distinct relation between the degree of heart failure and the extent and severity of the hyperesthesia of the skin, muscle, mammary gland, and other tissues in the external body wall. Indeed, he goes so far as to state that the first sign of improvement in the patient's condition is nearly always the diminution in the tenderness of these areas, and that the most frequent sites for their manifestations are beneath the left breast, in the breast itself, in the pectoralis major muscle, where it forms the anterior wall of the axilla, in the sternomastoid and trapezius muscles on the left side and in the skin covering them. So, too, he asserts that when the liver is enlarged a similar hyperalgesia of the tissues on the external body wall covering this organ takes place. Along these lines, concerning the relationship of deep-seated lesions and superficial areas of hyperesthesia and anesthesia, the most

promising work has of course been done by Head in England, yet thorough and complete as his investigations have been, it seems probable that they are but the beginning of our knowledge concerning these important subjects.

In other words, there are innumerable illustrations of the fact that the clinical therapist often gets results by means, or methods, which are based upon empirical observation without being able to bring forward an exact explanation of how they do good. For the time being we must be content to let his knowledge rest upon his results, and hope that future investigation will explain in a scientific manner the processes in the body which are involved when he resorts to a well-tried and successful plan of treatment.

About a year ago a Professor of Pharmacology in one of our American schools published a paper in which he endeavored to show that certain procedures in addition to those named and commonly resorted to are futile. Thus, for example, he stated that chloride of ammonium, terpine hydrate, and benzoic acid have no expectorant effect in the sense of possessing the power to increase the secretions of "the pulmonary mucous membrane." The carping critic might point out that in this instance the pharmacologist is ignorant of his anatomy, since it is the bronchial tubes which possess mucous membranes, and not the pulmonary tissues, strictly speaking; but with this point we do not care to deal. The fact remains that chloride of ammonium in particular, and terpine hydrate, benzoic acid and its salts, are universally employed by competent practitioners as expectorants, and that following their use the quantity of muco-pus coughed up by the patient is for a time materially increased. It is brought up more easily, the patient rapidly improves, and is cured at a much earlier period than if these remedies were not used. The argument, therefore, that the chloride of ammonium is completely absorbed, taken into the portal circulation, and there quickly decomposed, and that it is ultimately eliminated as urea and partly as reformed ammonium chloride, and that it does not get to the bronchial mucous membrane as ammonium chloride, does not prove that the administration of the remedy is futile. The argument of the pharmacologist may seem correct, but his deductions are erroneous because even if his process of reasoning is perfect, the facts are incontrovertible. His argument only justifies the statement that chloride of ammonium does not act directly upon the mucous membrane of the bronchial tubes as

chloride of ammonium, and it does not justify him in making the statement that the remedy is not an expectorant.

So, too, he stated that the use of sweet spirits (*sic*) of nitre as a diuretic and diaphoretic is a fetish, and regretted that he is forced to "destroy this pretty little harmless delusion." Incidentally it may be stated that it is not "spirits" of nitre but "spirit" of nitre. He then proceeds to state that when sweet spirits (*sic*) of nitre is mixed with water before it is swallowed the nitre escapes and the only effect left is that of a very small amount of ether and alcohol which is negligible. This statement is made in face of the fact that within the last few years it has been repeatedly found by the clinician at the bedside that the sweet spirit of nitre lowers blood-pressure, just as does nitroglycerin, and that this lowering of blood-pressure is not imaginary but can be estimated by instruments of precision. Furthermore, if this pharmacological recluse will, under proper conditions, take a dose of real sweet spirit of nitre, he will sweat more than if he did not take it, and if he repeats this experiment under proper conditions he will have diuresis to a greater extent than if he did not take it. Further, this theorist states that calomel acts as a purgative by its action on the intestine, does not increase biliary flow, and that the bilious purging is due to the fact that the bile is hurried through the bowel. He bases his assertions upon the well-known experiments which have been carried out by a number of medical men in patients who have suffered from biliary fistula. There is no question whatever that in these experiments the administration of calomel has not caused an increased flow of bile through the fistula, but this does not prove that calomel does not cause an increased flow of bile into the intestine. It may not stimulate the liver, but may have some action on the gall-bladder whereby that viscus is emptied. But whatever may be the *modus operandi*, it may be asserted that if he will take a saline purge, thereby sweeping the contents of the duodenum out of the bowel, estimate the quantity of bile passed, and some days later will take a full dose of calomel, or blue mass, and estimate the quantity of bile passed, he will find that however clever his mental deductions may seem to be, his biliary excretion will be increased more by the calomel than by the saline. After five or six copious biliary dejections have occurred the lower end of the alimentary canal will convince his brain that it is in error when it thinks that calomel does not increase the flow of bile. So, too, he asserts that the use of nitrohydrochloric acid has no more

influence upon the liver and its associated functions than any ordinary acid. Here again, if he will take full doses of sulphuric or hydrochloric acid on different occasions, and then for some days take full doses of nitrohydrochloric acid, he will find, in many instances, that bilious purging is induced. Many practitioners get results in hepatic disorders from the use of this acid that other acids fail to produce. So we repeat, it is the business of the critic not to condemn the practice of the man who knows by experience, when the condemnation is based solely upon what the critic thinks about it and not on what he knows about it.

With the statement that "colchicum does not cure gout" it seems hardly worth while to deal. We may not know how it cures gout because the pathologist at the present time cannot tell us what gout is, but there are thousands of medical men and thousands of laymen as well who know that colchicum does cure gout, or, to speak more correctly, relieves an attack of gout, although it may not permanently correct the metabolic disorder. Facts also contradict his statement that chlorate of potash is useless in stomatitis. The manner of its action may not be properly explained by those who employ it, but the fact that it cures the condition is incontrovertible.

Laboratory investigators are continually publishing results which contradict one another. Their constancy in this respect is quite equal to that of the general practitioner. Thus, for example, we find that for years past the laboratory worker has been asserting that alcohol never acts as a stimulant to the circulation, but always as a depressant, and that its employment on the part of medical men and laymen as a stimulant is utter nonsense. Now, we have published in the **Journal of the American Medical Association** of July 30, 1910, a very clever research by Brooks of Chicago, in which he points out that practically all the studies heretofore made upon the physiological action of alcohol have been impaired in value by the preliminary use of some anesthetic or by mutilation of the animal, and he describes the methods which he employed by which such factors were eliminated. He publishes a chart showing a very definite and pronounced rise in blood-pressure with an increase in the amplitude of the pulse. He believes as the result of his investigations that the dominant effect of alcohol, when circulating in the bloodstream, is to cause a gradually progressive lowering of blood-pressure, but it is evident that the primary effect is directly stimulant. The pharmacologist seems to have proved, beyond all doubt, that alcohol, given to animals, acts first, last, and

all the time as a depressant. The clinician has seemed to prove by bedside experience that in certain cases of disease, in which a depressant is contraindicated, it is a valuable remedy. Yet some clinicians have lost faith in teachings based on hundreds of years of experience because a handful of experimenters tell us that alcohol in dogs is not a stimulant. I, for one, don't believe it is a stimulant in the elementary sense of the word, but I know it does good when vitality is ebbing in low fevers and sepsis, that it restores circulatory equilibrium, probably increases bacteriolysis, and being burnt up in the system gives force to the body. Studies as to the effect of alcohol in disease cannot, except indirectly, be based upon its effects in health. In prolonged fevers alcohol is burnt up and protects the tissues. In health it is something over and above that which is needed in the metabolic processes. If we add fuel to a dying fire we bring it up. If we add fuel to one which already has all it can burn, we "baffle" it and impair combustion.

An article like that which I have quoted, in which calomel, spirit of nitre, and ammonium chloride were condemned, may do good by forcing the practitioner to regard all his therapeutic measures as worthy of careful analysis and study, but it does harm in that it leads the bedside clinician to the belief that those who are working in pharmacology do not know what they are talking about, and so diminishes his respect for a class of investigators who should be encouraged and who as a class are to be regarded with the greatest confidence. So, too, a publication of this kind generates a feeling of annoyance, the generation of which may not be harmful and which to the author may be amusing, but this feeling of annoyance has very much the same basis for its existence as has the feeling of annoyance which develops when John Jones meeting James Smith at the corner of the street coolly proceeds to assure the latter that he is not where he knows he is. James Smith would at once believe that John Jones was insane, or use a more descriptive phrase.

In the way of refreshing contrast we quote from an article contributed to the **Boston Medical and Surgical Journal** of July 28, 1910, by Tyrode, who is at once a clinician and a pharmacologist. He says: "In spite of the efforts of cranks on psychotherapy, dietetics, and physical therapeutics to abolish the use of drugs or belittle their advantage in the treatment of disease, these therapeutic agents have persisted and are still flourishing after the late passing period of therapeutic nihilism. This is very encouraging, because

unquestionably great good is being done every day by the proper use of drugs." And again he says: "It is unnecessary to defend the rights and accomplishments of drugs in modern therapeutics because the results obtained speak glowingly for themselves."

It is worth noting that the most eminent pharmacologists today recognize the wide space which exists between the study of physiological action and practical therapeutics. He who is perhaps the most eminent of them all in the English-speaking world (Cushny), has repeatedly, within the last few years, showed that he sees in the problems of the bedside an attraction with which the accuracy of the laboratory cannot compete, so that he is now devoting his time not so much to the study of the action of a drug on the dog as to applying the knowledge already gained to needs of man. He has served his day well in that he has emphasized the wide differences in degree and even in kind of result in these fields of research, and he struck the true note when he said in his recent Harvey lecture that "great caution must be used in applying the results obtained experimentally in therapeutics," the reason being not only that the dog is not a man, but that the effects on a healthy organism are not always produced in the presence of disease. Toward the close of his address are to be found these significant words:

"In animal experiments, one of the characteristic effects of digitalis medication is the rise of blood-pressure, which arises in part from the heart action, in part from a constriction of the arterioles. In patients the blood-pressure is rarely augmented by digitalis, and may in fact fall, as the general improvement sets in. This is, I think, due to the much greater efficiency of the vasomotor mechanism in man, which has been developed to permit of his assuming the erect attitude." And again:

"In the course of this investigation I have been struck by the small amount of accurate knowledge that we possess as to practical therapeutics. My experience has been almost exclusively in the laboratory, and perhaps I have expected too high a standard in the clinic, but in this field of cardiac tonics alone I see an endless vista of questions to be solved in the clinic if only accurate observations are available. There seems to me to be no field in which painstaking work is more required and in which the prospects of success are more promising than in clinical therapeutics. I would commend the cultivation of this study to any one who wishes to add to the general store of medical knowledge, and at the same time to devote himself to some line of work which will bear upon his own fu-



ture work. But we have enough of inaccurate therapeutics already; what is needed is not a statistical compilation, but an accurate study of each individual case and a careful and, if you will, an experimental investigation of each feature presented."

There is no man living in the English-speaking world today who has done so much to advance our ideas as to diseases of the heart and as to the accurate measures for their treatment as James Mackenzie, of London, with whom no less a pharmacologist than Cushny has thought it a privilege to be associated as a fellow worker. Possessing that gift of original investigation that has so often brought the man far removed from the advantages of postgraduate laboratory work to the very forefront of his profession, and at first practicing general medicine far from the scientific atmosphere of a great city, he has taught us more about the action of cardiac remedies in man than any one living, and has established a school of investigation such as always develops about the accurate worker in a new field. Fully appreciating and constantly using and devising instruments of precision for his work, fully acquainted with what animal experimentation has given us and will give us, and delivering the Oliver-Sharpey Lectures at the Royal College of Physicians in London on "Heart Failure," he has this to say of the difficulties of the well-trained youngster who has not even been busied with the work of the laboratory but who has had months of training at the bedside:

"Let us consider how the average medical practitioner acquires his ideas of heart failure. A young fellow has passed all his examinations and may have had some hospital experience as a house physician. He passes into general practice, and is surprised to find that diseases present very different aspects from what he expected. During his hospital experience he has seen many patients seriously ill from heart failure. In some murmurs have been detected, and the valve lesions have been regarded as the cause of the heart failure. The patients have died and the diagnoses have been verified, for the suspected valves have been found thick and shrunken, and the cause of death has been duly certified as disease of the valves. The manner in which heart failure has been brought about has been explained to him—the systolic murmur indicated incompetence of the mitral valve, the leak from the left ventricle had distended and embarrassed the left auricle, stasis in the lungs, with subsequent embarrassment of the right ventricle, had been produced, and this again had been followed by dilatation of the right ventricle, with subsequent tricuspid re-

gurgitation, irregularity of the heart's action, embarrassment and dilatation of the right auricle, back pressure into the veins, followed by dropsy and enlargement of the liver. This view has presented such a simple and intelligible explanation that he never dreamt of calling it into question."

If this represents the difficulties of the man well trained in the hospital, what are the pitfalls of the unfortunate fellow who has had precious opportunities of clinical observation displaced by learning how to use kymographs, oncometers, and zeitschreibers in the laboratory in his student days, when, as already pointed out, the time does not suffice to give him even a smattering of them? If the pharmacological laboratory is designed to make him think, the same end can be attained in the hospital ward.

But it is not alone in Therapeutics and Pharmacology that the endeavor to be ultra-scientific holds sway. In other departments of medical teaching we find the theoretical enthusiast trying to force his views upon his more practical brother. We find an endeavor being made to force all to a common level or established system in which the brilliant and stupid teacher and student are thrown together as if they were inanimate, not animate, things. Some standard there must be, of course, but this should be an average standard. It will have to be adjusted for the school that has no hospital of its own and for the school that possesses such opportunities for teaching. Many of the schools in which pharmacological laboratory work is placed on a pinnacle put it there to cast a shade over the vacant spot where there should be a hospital. The student must be taught and taught well, but what shall be taught, how he shall be taught, and when he shall be taught is to be decided by the teacher as an individual and not as the part of a machine carrying out a fixed plan.

The action of almost all the important drugs can be better taught at the bedside than by laboratory courses in which the student himself makes actual experiments, notably digitalis, belladonna, aconite, the nitrites, the saline purges, and the diuretics; and what course in a pharmacological laboratory can teach the student the use of quinine or the action of calomel? Indeed, the latter drug is the opprobrium of the pharmacologist and the blessing of the practitioner and patient, every experiment made away from the bedside having utterly failed to inform us how it acts or why it does so much good.

The principle I would like to advance is that the student should be taught the physiological action of drugs, in all those cases in which their physiological action is known, not by half-

baked, incompetent experiments made by himself, and that his interest in the physiological action of drugs should be stimulated by showing him that the physiological action makes clear and intelligent the practical use of remedies. If any hours can be found in the medical curriculum for laboratory work in pharmacology, those hours should be taken for bedside therapeutics, in which course the effects of vasoconstrictors and dilators, cardiac stimulants and sedatives can now be accurately studied by the aid of instruments of precision.

In close association with this point is the question as to how many drugs should be brought before the student's attention while he is an undergraduate. At present I am free to admit that I have to teach him a larger number of drugs and a larger number of preparations of drugs than he will ever use, or ought to ever use, because only the "lieber Gott" knows what some enthusiastic examiner in a State Medical Examining Board will ask him. Some of these questions are useless, and absurd. In my own State the student has a separate examiner in therapeutics and materia medica. One question was, "What is the dose of santonin for a child of six months with roundworm?" How often does a child of six months have roundworm? As well ask the question, "What is the treatment for pyosalpinx at the age of two weeks?" I have known students who could tell the examiner that acetanilide is eliminated as para-amido-phenol sulphate, but did not know how to prescribe for a patient with diarrhea.

It is a fortunate sign of the times that the error of requiring every student to know a little of all drugs is being replaced with a recognition that he should know much of a few, and I cordially indorse the resolutions presented at the last meeting of the Association of American Medical Colleges, which were as follows:

"Whereas, The time devoted to the study of pharmacology, materia medica and therapeutics is necessarily limited; and

Whereas, The thorough knowledge of a small but representative group of medicaments is conducive to scientific progress in therapeutics; therefore, be it

Resolved, That the Association of American Colleges commends to the attention of medical educators and examiners the limited materia medica lists published by the joint committee of the Council on Medical Education and of the National Confederation of State Medical Examining and Licensing Boards, and the Chicago Medical Society.

Resolved, That the Association urge on the colleges and the examining boards the necessity for the recognition of the

principle underlying these lists, and for the early adoption by the boards of a materia medica list to which licensure examinations shall largely be confined."

The way to teach the practitioner-to-be is to lay down in well-developed form his elementary studies, and then, in the last two years of his course, to keep the practical application of this fundamental teaching always before him, so that the surgeon not only tells what to do but explains that what is done is based upon the anatomy of the part, the physiology of the part, and the pathology of the part. So, too, the teacher of clinical medicine and therapeutics can explain that the use of a drug in disease is not based on empiricism but because a given condition is to be corrected by the known effect of a remedy upon a given organ or set of organs. The man taught not only then learns how to treat a patient intelligently, but he is taught to think. The student who has a smattering of pharmacology as he can get it in the laboratory is nothing more than a poor mechanic, who soon finds that the knowledge of the effects of a poisonous drug on a frog is of no service when it comes to the effects of a therapeutic dose upon a man.

It may not be out of place for me to briefly detail what I believe to be the ideal course in a medical school for the preparation of a practitioner so far as treatment is concerned. In the first year he should have sufficient instruction in materia medica to familiarize him with the names of drugs and their useful preparations.

2. He should be taught doses and poisons and their antidotes.

3. He should make in the pharmacy laboratory with his own hands at least one representative of every type of official preparation, and have practical instruction in incompatibilities.

In the third year he should be taught the physiological action of drugs, and no sooner is the physiological action of a drug clearly described, and if need be, illustrated, than the practical application of this physiological action should be impressed upon his memory by the description of cases in which it will be clear how the drug brings relief. In the past the physiological action of drugs, or so-called pharmacology, has been divorced from practical therapeutics, so that even the graduate student has had difficulty in discovering that there is any actual relationship between these two departments of medical teaching. To describe to a student how the nitrites cause a fall of blood-pressure without describing to him as vividly as possible how this action relieves the agony of certain cases of angina pectoris is to miss the opportunity of leaving a

lasting impression on his mind, and hundreds of other illustrations of this nature might be adduced. In this third year, too, the official names, the doses and the antidotes of various preparations are once more studied.

During the fourth year the student hears fourteen lectures dealing with remedial measures other than drugs, as, for example, hydrotherapy, antitoxins and vaccines, glandular therapy, the use of heat and cold, counter-irritation, bloodletting and similar procedures, and throughout the entire year receives instruction in practical prescription-writing for hypothetical cases whereby he is taught not only the construction of prescriptions as to form and does, but gains additional therapeutic knowledge. This work is given to the class in sections by a demonstrator. There are also sixteen therapeutic conferences held by an assistant professor. The students are told that at the next meeting they will be quizzed upon the therapy of a certain class of diseases, and will be expected to write prescriptions on the blackboard for such conditions, which prescriptions will be criticised for the benefit of the class from the standpoint of construction, pharmacy, chemistry, physiological action, therapeutics and practical utility. During the third and fourth years also the students attend thirty general medical and therapeutic clinics, in which the treatment of disease is largely emphasized, and care is taken to point out not only the bearing of the physiological action of a remedy upon morbid processes, but the student is shown pathological specimens which are designed not only to teach him what can be done, but equally what cannot be done by drugs. Thus, a lung riddled with cavities teaches him that tuberculosis cannot be cured by expectorants, and a cirrhotic liver, far advanced in its process, impresses him with the idea that it is useless to disorder the patient's stomach by impotent medicines.

It is clear that in every well-equipped medical school students should be well taught to hold in the highest honor pharmacological investigation, and opportunity should be offered those who so desire to delve into this mine of knowledge. They should also be taught, as we have already said, that empirical methods should always be regarded with a certain amount of distrust, at least to such a degree that they will be forced to study them rather than to resort to them haphazard. Again, the physician should have a sufficient knowledge of chemistry and of the physiological action of drugs to prevent him from believing many of the seemingly attractive advertisements of the drug purveyor—at least until he has analyzed their character. Last of all, he must be assured that many of our most

successful therapeutic measures rest upon empiricism at the present time, not only because the pharmacologist has not as yet "caught up," as Sir Clifford puts it, but also because physiologists, pathologists and bacteriologists have not as yet advanced their departments sufficiently to enable us to explain the action of certain remedies. Indeed, as I have said on other occasions, one of the most remarkable things in medicine is the discovery of a multitude of invaluable means of treating disease, not by scientific research or deduction, but by a process of clinical experimentation and observation.

Experience shows that the laboratory pharmacologist, when he is taken ill, turns his back upon his theories and incontinently and voraciously swallows such expectorants or purgatives, or other medicines, as the lowly general practitioner may see fit to prescribe, because illness convinces him of the value of bedside experience, and his confidence is well placed, for he gets well. As the writer was a pharmacologist for some years before he became a bedside clinician, he has seen both sides of the shield, one in the laboratory and the other at the bedside. He is, on the one hand, an ardent supporter of pharmacological investigation, and on the other he has a wholesome respect for the results of clinical experience. It were better if some of the pharmacologists of the day would strive to be up-builders rather than iconoclasts, since by this means they would more successfully advance scientific medicine, and what they had to say would be listened to with greater respect. The average man wants to be shown how he can improve, not how mistaken he is.

The present time is one of which the pharmacologist should not cast discredit upon empirical therapeutics, and the clinical physician should not cast discredit upon experimental pharmacology. Each should support the other, and regard the results of each with respect and admiration, but nevertheless bedside therapeutics for the average medical student should take the foremost place, and pharmacological research should be considered as of secondary importance. Even if the time should arrive when all our therapeutic measures have a pharmacological foundation and every student has a clear conception of the scientific status of drugs, the man of bedside experience will still possess a priceless advantage which will make him of infinite value to all his clients, because he will have come to recognize that disease does not follow hard and fast lines of science, but varies in its manifestations as to the effect of drugs, according to the systemic peculiarities of the individual who may be ill.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. A. F. Stephens, St. Louis, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary. Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 2, 1911. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 2 p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

OUR LAST ANNUAL MEETING.

The last California Legislature (the best one we have had in years) has adjourned after some very successful work. Among the things accomplished was the defeating of the various bills to strengthen the power of the medical trusts. "Well done, thou good and faithful servants." The task of the future is for us to go on with the good work we are now engaged in.

Our last meeting was bright, and I hope the next will be brighter and that they all will be filled with the successes that marked the last one.

So come and be with us next year and be one of the workers. Come with your energy, new thoughts and suggestions to our annual conventions and intellectual feasts. You will find them instructive, wholesome and crisp and some new ideas and theory of yours might help the cause along.

You are all welcome and very much needed to help us to sustain and advance the cause which is at present most promising and encouraging. You will find the subjects discussed are good, practical and enlightening,—the exchange and interchange of thoughts and ideas on all subjects medical, surgical and bacteriological. The bacterium and serum cultures are explained with thoroughness, together with their usages and **modus operandi**. The theories take home with you for closer study and thought, so that you may deduct and understand their principles and apply them more intelligently, as we should do.

We have thus far cause to be thankful. We should all be enthused in our work and entertain a spirit of benevolence and

candor for all things tried and true, and only in such a way can we claim to be true Eclectics.

Let us rally to the cause; it is a great one. Let us perpetuate the memories of the fathers and endeavor to raise the Eclectic standard with each consecutive year as we go marching on.

Eclecticism from the Greek word Eklektismos—from Eklegim, meaning to choose).

Our school is a distinctive one. It was born of necessity and raised on American soil. Our **materia medica** is also distinctive, and being taught only in Eclectic Colleges no one can take it away from us. Our **materia medica** being far superior and safer is rapidly superseding the old-school **materia medica** and is replacing it to a large extent with greater safety to the patients, as results will show. The synthetics, on account of being so indiscriminately used, at present are being made to account for the recent number of sudden deaths and the many heart failures throughout the land. I would urge that a more conservative and intelligent use of them be made. The bacterins and serums should also be used very discreetly. That some of these synthetics, bacteria and serum cultures have a place in therapeutics I will not deny, but in many instances from indiscreet use, we have very discouraging sequels, which require treatment later—such as weakened hearts and systemic, blood and glandular disturbances (which we never have with our Eclectic remedies). Therefore, let me repeat again, it is far safer to assist than to force nature in her works; and in conclusion I would say to you always (**veri vitalis sustenents**) never use harsh remedies when kinder, safer and more reliable agents are at hand.

DR. VANDRE,
President State Medical Society

THE NATIONAL.

On June 19th there began to assemble at the big Seelbach Hotel, Louisville, Ky., what proved to be one of the most harmonious, enthusiastic and successful meetings of the National Eclectic Medical Association. President Dr. Munk and party arrived the evening before and took up quarters in the hotel. On the 19th, the Kentucky State Eclectic Medical Society held their annual meeting and completed their plans for entertaining the National. The Southern reputation for whole-souled hospitality was fully sustained by the Kentucky Eclectics. The sessions were held in the tenth (top) story in a large well-lighted, well-ventilated Assembly Room. It certainly was an ideal hall for

such a meeting. Some of the old timers who have "got the habit" of attending the National say it was one of the best equipped and most satisfactory places in which the National has met.

On the opening morning after the invocation by Rev. J. G. Minnigerode, Gov. Willson gave the address of welcome for the state, and Dr. Munk the response for the convention. Then Mayor Head welcomed us for the City of Louisville and Dr. G. T. Fuller of Mayfield, Ky., responded. Dr. Lee Strouse of Covington greeted us on behalf of the Kentucky Eclectics and Dr. Florence Truax of Atlanta, Ga., voiced our response. These were all in proper form and put us all in good humor. After this formal exchange of bouquets, the Convention got down to the real work.

The President's address was a studied, ably-prepared document, full of suggestion for the good of Eclecticism in general and held the closest attention throughout its delivery. Dr. Munk gave the impression of one who had something to say and was not afraid to say it. The monopolistic plans of the A. M. A. came in for a good share of attention and were handled without gloves.

The regular published program was put through on time with slight variations.

A matter of regret was the small number of attendants from the Pacific Coast. But the fact that the President of the Convention was one of them saved them from obscurity among the big fellows. The section on "Practice of Medicine" which was in the hands of California men was unfortunate in that its Chairman, Dr. H. T. Webster, and Vice-President, Dr. Fearn, were neither one permitted to attend and the responsibility fell on the Secretary (the writer). Another disappointment was the absence of Dr. Perce of Long Beach, who was down for one of the addresses. But Mrs. Garrett came to our rescue and at the request of the President, entertained the convention with a lively address on "Don't be a bat." It was refreshing to see the staid and ponderous members shake their sides with laughter at her happy hits and anecdotes. Dr. Perce will have to look to his laurels or the little woman who does things at the college office will eclipse him.

On Wednesday evening the Convention and public at large were treated to a splendid program in the Masonic Hall, one of the finest Assembly rooms in the city. Neither money nor pains was spared to make it a success. The large hall was well filled with many representative citizens beside the Doctors. Able addresses were given by Dr. Boskowitz of New

York, Dr. Ellingwood of Chicago, and Prof. J. U. Lloyd. The best music, instrumental and vocal, obtainable in the city was furnished. On the last evening the City of Louisville entertained the members and their friends at a high class Vaudeville Theatrical in one of the parks and the peculiar way some of the California delegation held on to their pantaloons when it was over and they started to walk away was suggestive of a lack of buttons. Ask Dr. Munk about it. They did laugh some, any way.

Altogether the convention was a great success, harmonious and enthusiastic. Dr. Munk's hard year's labor in arousing the sleepy, enthusing the discouraged and oiling the occasional points of friction, bore good fruit at Louisville. The Kickers were few and harmless. Eclecticism is more cemented and compact in its organization and hence in better working condition than ever before.

Q. A. R. HOLTON, M. D.

**RESOLUTIONS PASSED AT THE 32ND MEETING OF THE
INTERNATIONAL HAHNEMANNIAN ASSOCIATION
AT ASBURY PARK, N. J., JUNE 23RD, 1911.**

WHEREAS there is a persistent effort upon the part of the American Medical Association to establish a national department of health and thereby to infringe upon the liberties of the people in the free choice of a medical advisor and of the school of medicine by which they shall be treated and

WHEREAS there now exist several schools of medical practice, well patronized by the people of the United States, none of which is to be recognized by the projected department of health and

WHEREAS several of the large insurance companies have taken upon themselves to give medical advice to their policy holders and thus to further the policy of state medicine and the selfish and unpatriotic aims of the dominant school of medicine, therefore be it

RESOLVED that the INTERNATIONAL HAHNEMANNIAN ASSOCIATION in session assembled does hereby utterly condemn and protest against the passage of Senate Bill No. 1 known as the Owen's Bill and House Bill No. 11035, known as the Dyer Bill and all bills of similar import and be it further

RESOLVED that the INTERNATIONAL HAHNEMANNIAN ASSOCIATION resents the impudent meddling on the

part of commercial insurance companies with the medical treatment of private individuals and the practice of the family physician.

Signed J. B. S. KING,
Sec'y.

THE NATIONAL LEAGUE FOR MEDICAL FREEDOM.

A. F. Stephens, St. Louis.

We call your attention to this organization because it has been instrumental in successfully opposing the recent attempt at legislation calculated to destroy every method of medical practice except allopathy. It has been the means of saving your "bacon" and mine from the "worm" that never dieth; and if, in the future, our rights as medical practitioners are not violated it will be due to the fight this organization is making against the medical trust as represented by the American Medical Association. Our safety lies in the combined powers of all liberty-loving people. There, we urge every Eclectic to get busy **now**. Send to headquarters of the League for application blanks (all you need) and literature. Get your patrons and friends to sign these applications and forward to the home office. Join the organization. It costs you nothing unless you feel that this great movement for the rights of men; for liberty and justice deserves your financial support, then give financial aid in whatever amount you choose and can spare. But whether you and your friends give financial aid or not, send in your names and thus give the cause your moral support.

This struggle against restrictive medical laws which favor the allopathic school in medicine and would destroy all others is to be a gigantic battle, for all the power of authority and money possessed by the American Medical Association is being used to gain such laws, and therefore the greater the number of people opposing such legislation the less difficult it is to defeat it. This is no scare article but states a cold fact and depicts an actual condition confronting us today. **Do not forget.** Write today for the necessary blanks and do not stop until the last friend and acquaintance you have, who believes in justice and a square deal has been enrolled as members.

Address **THE NATIONAL LEAGUE FOR MEDICAL FREEDOM,**

Ashland Building, 315 Fourth Avenue,
New York City.

COLLEGE NOTES AND ITEMS.

J. Fraser Barbrick, M. D., Los Angeles, Cal.

OUR COLLEGE at the 41st annual convention of the NATIONAL ECLECTIC MEDICAL ASSOCIATION June 20-21-22-23, 1911 at the Seelbach Hotel, Louisville, Kentucky:— Doesn't the following list of representatives of the C. E. M. C. at the late National convention look good? Doesn't it look as though the old California Eclectic was full of vim, vigor, vitality and big men? First Prof. Munk, our Dean, presiding officer of the convention and chairman of the committee on Medical Colleges. Then Prof. O. C. Welbourn, member of a number of committees and the contributor of an important paper on the section of surgery; Profs. Webster, Fearn and Holton, respectively chairman, vice-chairman and secretary of Section 11, The Practice of Medicine, all contributing valuable papers on different subjects under this section; Prof. Perce listed for an address which we all know would have been a corker could he have been present and delivered it; and last, but not least, our Student Body Representative, Mr. H. T. Cox, "our own Coxie," who was a member of the Dean's party and was we believe the only Student Body Representative from any Eclectic college at the National. And did they boost for old C. E. M. C. at every opportunity? Well what do you think, you who sit at their feet and imbibe wisdom, Eclectic Medicine and other good things nine months of the year? Are they men who would hide either their cause or their college under a bushel? Well we think not.

We are pleased to know that Prof. Holton's resolutions on Venereal Diseases were adopted with slight modification. Such constructive work in the line of the moral uplift and preventive medicine is as far in advance of the undignified and unprofessional howling dervish political panhandling public bunco-steering self-advertising exhibition given under the guise of education of the "deer pepul" we have had to stand for the past week as day is ahead of night.

CONVENTION LETTER FROM "COXIE":—Dear Father Barbrick (wow! wow! Father Barbrick—can't you see me swelling with pride like a little Pouter Pigeon) here we are having a great and glorious time. The convention was very successful and most interesting. Much work along the line of encouraging and supporting our Eclectic Institutions and sending students to our colleges was done and more interest was shown in this particular than at previous meetings, I think. Our beautiful pennants were in the majority and admired. Mrs.

Garrett and I judiciously boosted C. E. M. C. and rooted for the Cause generally. Even the far eastern men were interested in our school and its great work on the western coast. Several good speeches were made, the speakers urging the men in the field to send students to and support their nearest college. Dr. Munk was well pleased with the way things were carried out and it seemed to me that everything ran smoothly.

Friday P. M. sixty-one of us went ninety-six miles to Mammoth Cave, had supper and took one route called No. two. Next morning at nine o'clock we started on another route, No. one, and got back at the Cave entrance at 1 P. M. Walked over seven miles and were four hours without seeing daylight once. Had a jolly crowd and had a good time. On the second trip, after coming through a place they called the "Cork screw" into the main cave all hands turned to and erected a large stone monument which was duly marked and dedicated to the National Eclectic Medical Association and the cause it represents. Think C. E. M. C. had the only student at the Convention and she helped build the monument you bet. Worked hard and sweat some doing it. Some called us "Coxie's Army" as we were going through the Cave with our lanterns. If you think any of this interesting you can take notes for the "College Items" and it will serve as the Convention Report from the "Student Body." As ever, "Coxie."

AN INTERESTING LETTER FROM MR. H. R. EVANS:—He says among other things, "I am getting a nice line of experience this season. Things come up every day that bring to mind the "larnin" I've had in the past two years and show me the great value of the "practical points" that are constantly being brought out by my experienced and practical professors and teachers at good old C. E. M. C. I have full charge of all male patients and have done enough to know I have a better line of treatment than the old fashioned calomel and salts doctor."

Good boy Evans, go to it. The more you learn of Eclectic medicine the better you'll like it and the more you will realize how far ahead of them all you are.

DR. MUNK:—has kept a stream of newsy letters and post cards coming my way with all the Louisville papers containing splendid reports and devoting much space to the Convention. But, as his ringing address in which he hits 'em right from the shoulder will appear in another part of the Journal or in the National Quarterly and as he will duly, in his own inimitable way tell us all about it, no further comment is necessary in

these notes, except to tender many thanks for his thoughtful courtesy.

A WELL MERITED CONVENTION NOTICE THAT INTERESTS AND PLEASES US ALL:—The following is clipped from the convention notes of the Louisville Times of Friday evening, June 23rd, 1911. Mrs. Mary E. Garrett of Los Angeles delivered an impromptu address bubbling over with wit and humor. Her topic was, "Don't be a Bat." She took the old fable as illustrative of some physicians who try to practice according to the teachings of several schools and who really never attain proficiency in any. As a story teller Mrs. Garrett has no equal at the convention. During the course of her address she convulsed the assemblage with laughter with her stories and quips. Her talk was the most enlivening thing of the week and elicited tremendous applause.

The A. M. A. CONVENTION IN LOS ANGELES JUNE 26TH-30TH:—for the past three months through the lay press our most ethical friends the Allopaths—or rather, am glad to say, the small minority clique that forms the American Medical Association—have been telling the public to "wait for the big show" in much the same manner that two kings of American humbuggery, Barnum and Munyon, used to attract attention. And along even more spectacular lines the doings of the meeting were heralded and the men taking part therein were advertised to the public.

The McCormick fellow, who evidently is a greater success as a peripatetic salaried spellbinder for the A. M. A. trust than he was as a medical practitioner, was there with his line of hot air. The sensational Murphy, "his button" and his family were constantly in the limelight. With due respect to "the button" and the family I will say that they couldn't help it. The crude Knopf gained notoriety by an ungentlemanly verbal attack from the pulpit of one of the churches on an old invalid gentleman for the horrible crime of dozing through a part of his uninteresting and soporific address. The local men were advertised rather from a social standpoint than because of any scientific achievement or special ability. How embarrassing it must be to that grand old true physician Dr. Jacobi, the really able and distinguished Mayo's and the accomplished Dr. Welch to be associated with such buffoonery and really it would be interesting to know how Dr. Gorgas felt in his heart of hearts when he read the sensational and far from truthful claims put out by the publicity bureau of how the A. M. A. (of course aided by Dr. Gorgas, he unfortunately being a member) cleaned up Havana, fought and won the Spanish-American war and is

digging and building the Panama canal, etc., ad libitum et ad nauseam. I feel sure Dr. Gorgas in justice to the memory of Col. Waring and the board of Sanitary Engineers with which he has worked and of which he has been one grand unit in the splendid whole could never have authorized such far-fetched statements. By just such "claim everything in sight" policies, its uncalled for political activities, its unauthorized claim to represent American physicians, its unprofessional advertising campaigns, its arrogant assumption of being the court of last resort in all things medical, its unjust and arbitrary methods of interfering in many ways with the rights not only of the individual but of the masses and many other things obnoxious to a free, independent and self-governing people, the A. M. A. has alienated, driven out, or made indifferent thousands of our best and brightest medical men and as a consequence out of a claimed membership of 34,000 but a few over 2,000 were present and yet, with that blatant conceit characteristic of it and the clique in control, it claims to represent the Medical Profession of America. God forbid the day may ever come that the interest and pride of the Eclectic and Homeopathic Physicians will fall so low that but one-seventh of their members will attend the meetings of their National societies. Should that day come I feel sure those present, after burying the corpse with a "pax vobiscum" and a "requiescat in pace" would fold their tents like the Arabs and as silently steal away.

THE "CALL OF THE WILD AND THE LURE OF THE GOLD":—

Let us probe the silent places, let us seek what luck betide us;

Let us journey to a mountain land I know,

There's a whisper on the night wind, there's a star agleam to guide us,

And the Wild is calling, calling . . . let us go."

Robert W. Service—The Call of the Wild.

A most interesting letter to us all from that "Human Encyclopedia" of Eclectic Medicine and Specific Medication, Prof. J. F. Willard, says: "13,384 feet above the sea on the top of the watershed. To the east the Atlantic, to the west the Pacific, Los Angeles and the land of the setting sun, but the rising sun of the C. E. M. C. In every direction the mountain peaks, capped with snow pure and white, glistening and sparkling in the brightest sunshine possible, point high against the most beautiful blue one can ever see.

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every ten feet and I arrived at the top wet, tired and hungry enough to eat Giant powder biscuits and fried rabbit tracks, yet the sight seemed to repay and I expect to grow fat on this beautiful scenery and light air. By hitting the drill a little harder this summer I hope to get the golden metal in such chunks that I will be able to come back to L. A. and spend the balance of my days at the C. E. M. C. instructing its hundreds of students in the best line of therapeutics the world has ever known, Specific Medication and Eclectic Medicine."

NEWS ITEMS.

Dr. Vandre's article in last month's Journal was somewhat mixed up; therefore we repeat it this month.

Under the heading Societies will be found a communication from President Stephens of the National and also an account of the National meeting by Dr. Q. A. R. Holton.

Dr. Q. A. R. Holton, Whittier, has returned from the National and a short visit to relatives in Indiana. The Doctor being a thin man could not see the advantages of a "turkish bath lasting longer than ten days."

Dr. J. A. Munk has returned from the National. Enroute he visited the Petrified Forests and the Grand Canyon for several days. The Doctor can never pass through Arizona without making stop-overs.

We welcome a new Eclectic Journal this month. The Nebraska Medical Outlook which is to be published bi-monthly. The first number is very credible, our only suggestion being that the original articles be signed. Give this new Journal as well as the older ones your support and show the editors that their efforts are appreciated.

ANNOUNCEMENT.

Practical Surgery, a volume of nearly nine hundred pages by B. Roswell Hubbard, M. D., Professor of surgery in the California Eclectic Medical College, Los Angeles, will be off the press about September first. The subject matter is original and up to date. Unnecessary time and space has not been given to the description of surgical ailments, disputed theories being omitted. A distinctive feature of the book is the treatment of surgical conditions with **specific** remedies from the standpoint of specific diagnosis. Directions for the execution of operative work are clear and comprehensive. It is a work for the busy practitioner and the student will find within its pages definite advice that will aid him materially in his pursuit of surgical technic. The work is original and covers the author's experience and observation in surgery during the period of thirty years, in general and hospital service.

A DELIGHTFUL REVELATION

The value of Senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "**Syrup of Figs and Elixir of Senna.**"

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of California Figs	75 parts
Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only	25 parts

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action acceptable to the taste and never followed by the slightest debilitation.

ITS ETHICAL CHARACTER.

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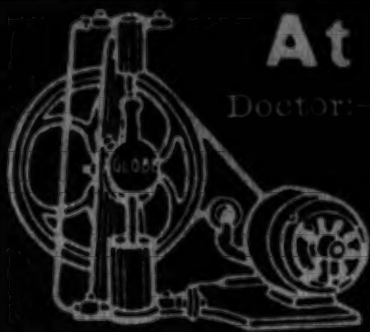
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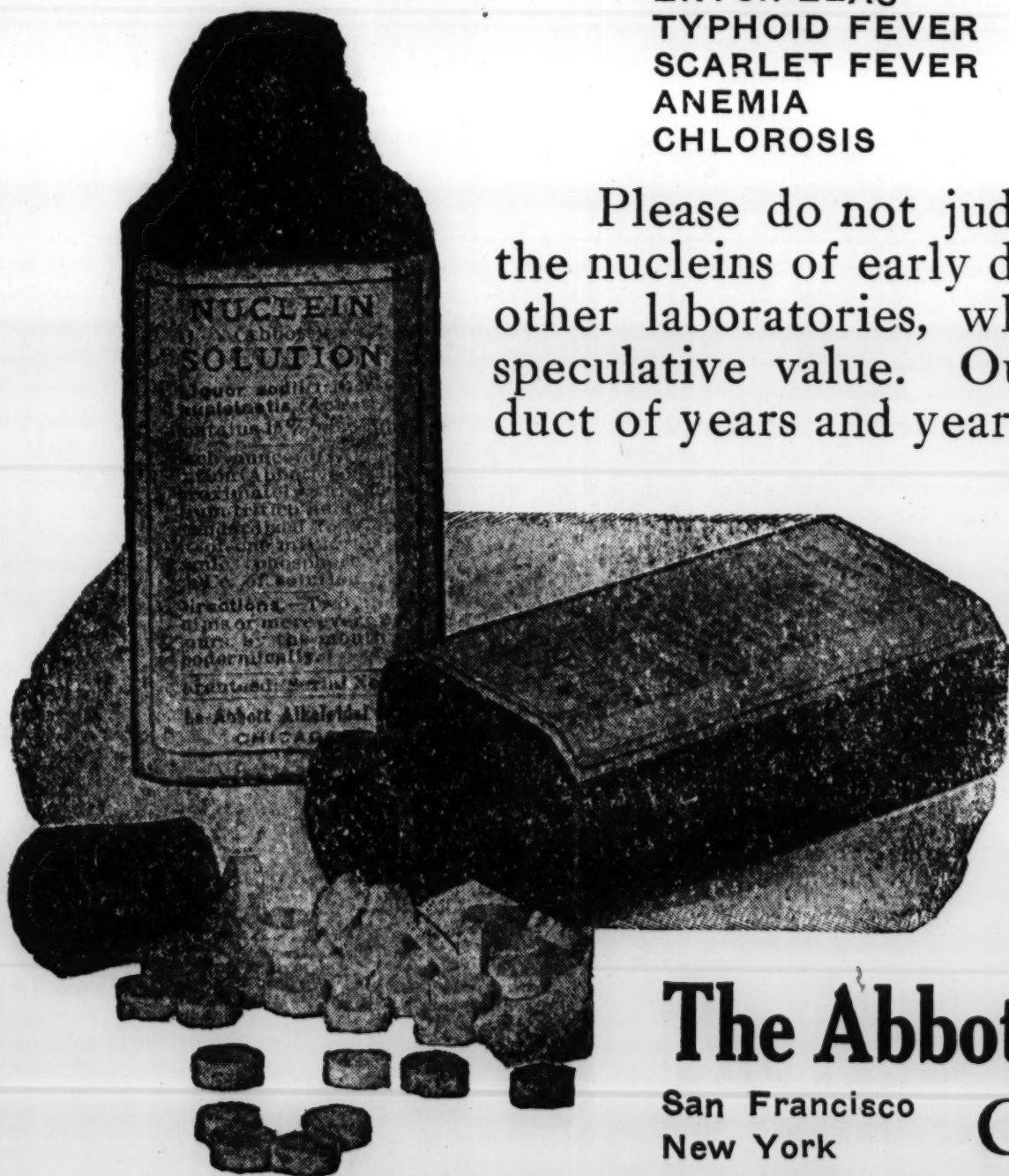
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Table of Contents

ORIGINAL CONTRIBUTIONS:	Page
Stamping Out Tuberculosis, O. S. Laws, M. D.	211
Asthma, W. L. Huckaby, M. D.	214
Pneumonia, J. G. Tompkins, M. D.	216
EDITORIALS:	
Our National Meeting.....	220
Medical Teaching	221
SOCIETIES:	
Our Last Annual Meeting.....	241
The National	242
Resolutions passed by Hahnemannian Association.....	244
The National League for Medical Freedom.....	245
COLLEGE NOTES AND ITEMS.....	246
NEWS ITEMS	250


Index to Advertisers

Abbott Alkaloidal Co.....	xviii	John B. Daniel	Cover 4
American Apothecaries Co.	x	Katharmon Chemical Co.	iii
American Medical College.....	vi	Katharmon Chemical Co.	xv
Antikamnia	viii	Lloyd Bros.	ii
Antiphlogistine, Denver Chem. Co..	i	L. A. Eclectic Polio Clinic	iv
Battle and Co.	viii	M. J. Breitenbach Co.....	ix
Bovine Company	vii	Od Chemical Co.	xiv
Bristol-Myers Co.	vii	Pacific Surgical Mfg. Co.....	xvii
California Eclectic College.....	iv	Parke, Davis and Co.....	Cover 1
California Flg Syrup Co.....	xi	Peacock Chemical Co.....	vi
Chas. N. Crittenton & Co.....	x	Phelan's Addition, Oklahoma City..	xvi
Chicago Medical Times.....	xv	Ralph Sanitarium	xii
Chicago Pharmacal Co.	xiii	Rio Chemical Co.	xii
Dad Chemical Co.	xv	Santa Barbara Sanitarium.....	vi
Delmal Linen-Mesh Co.	ix	Sam J. Gorman Co.....	iv
Eclectic Medical College	xii	Southern California Printing Co..	xiii
Fellows Co.	Cover 2	Sultan Drug Co.....	xvi
Globe Mfg. Co.....	xii	Westlake Hospital	iii

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